

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 1787-14800	
		First Inventor Vipin Malik	
		Title Method To Snapshot And Playback Raw Data ...	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EV 244558495 US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Arlington VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 23] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 5. Oath and Declaration [Total Pages 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application No.: 60/487,128
Prior application information:		Examiner	Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number of Bar Code Label		23505 or <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	Zip Code
Country	Telephone	Fax	
Name (Print/Type) Robert M. Gray		Registration No. (Attorney/Agent) 41,798	
Signature <i>Robert M. Gray</i>		Date: September 8, 2003	

FEE TRANSMITTAL

For FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 1,144.00

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Vipin Malik et al.
Examiner Name	Not Yet Assigned
Art Unit	
Attorney Docket No.	1787-14806

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
 Deposit Account Number: 03-2769
 Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Code (\$)	Fee	Code (\$)	Fee		
1001	750	2001	375	Utility filing Fee	\$750.00
1002	330	2002	165	Design filing fee	\$
1003	520	2003	260	Plant filing fee	\$
1004	750	2004	375	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

SUBTOTAL (1) \$750.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	*	35-20	= 15	x	18.00	=	\$270.00
Independent Claims	*	4-3	= 1	x	84.00	=	\$ 84.00
Multiple Dependent					280.00	=	\$ 00.00

Large Entity		Small Entity		Fee Description
Code (\$)	Fee	Code (\$)	Fee	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent Claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$354.00

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Code (\$)	Fee	Code (\$)	Fee		
1051	130	2051	65	Surcharge - late filing fee or oath	\$
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	\$
1053	130	2053	130	Non-English specification	\$
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	\$
18042	920*	1804	920*	Requesting publication of SIR prior to Examiner action	\$
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	\$
1251	110	2251	55	Extension for reply within first month	\$
1252	410	2252	205	Extension for reply within second month	\$
1253	930	2253	465	Extension for reply within third month	\$
1254	1,450	2254	725	Extension for reply within fourth month	\$
1255	1,970	2255	985	Extension for reply within fifth month	\$
1401	320	2401	160	Notice of Appeal	\$
1402	320	2402	160	Filing a brief in support of an appeal	\$
1403	280	2403	140	Request for oral hearing	\$
1451	1,510	1452	1,510	Petition to institute a public use proceeding	\$
1452	110	2452	55	Petition to revive - unavoidable	\$
1453	1,300	2453	650	Petition to revive - unintentional	\$
1501	1,300	2501	650	Utility issue fee (or reissue)	\$
1502	470	2502	235	Design issue fee	\$
1503	630	2503	315	Plant issue fee	\$
1460	130	1460	130	Petitions to the Commissioner	\$
1807	50	1806	50	Processing fee under 37 CFR 1.17(g)	\$
123	50	123	50	Petitions related to provisional applications	\$
1806	180	1806	180	Submission of Information Disclosure Stmt	\$
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	\$40.00
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	\$
1801	750	2801	375	Request for Continued Examination (RCE)	\$
1802	900	1802	900	Request for expedited examination of a design application	\$

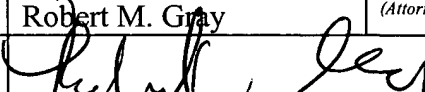
Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$40.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Robert M. Gray	Registration No. (Attorney/Agent)	41,798	Telephone	(713) 238-8000
Signature				Date	September 8, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.